

SEVENTY-FIVE YEARS  
OF  
PIONEERING SERVICE

*Published in October, 1939*  
*in Connection with the*  
75th ANNIVERSARY  
OF THE  
NEW YORK SOCIETY *for the*  
RELIEF *of the* RUPTURED *and* CRIPPLED  
307-321 EAST 42nd STREET  
NEW YORK

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## IN PERSPECTIVE

The Hospital of the New York Society for the Relief of the Ruptured and Crippled has rounded out three-quarters of a century of service.

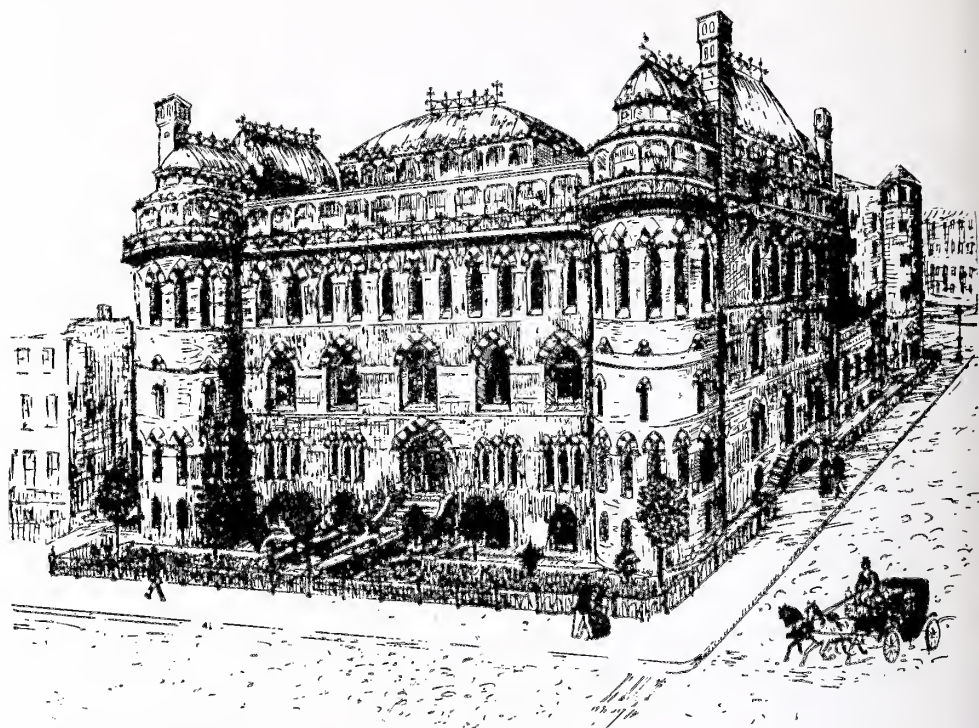
Seventy-five full, fruitful years they have been . . . full of relief of suffering . . . correction of deformities . . . making over handicapped children and adults . . . rehabilitating many for normal lives of self-support . . . blazing new trails in the techniques of surgery and treatment . . . and extending its influence far beyond its own walls as a teaching and research center.

During its history it has treated over 818,000 patients—children and adults.

Pausing at the threshold of the period leading on toward the century mark, the hospital looks back to its colorful beginnings and to milestones along the way, and takes stock of its achievements and its future.

This booklet is published in connection with the celebration of the 75th anniversary. Its purpose is to sketch the institution's illustrious past and to acquaint old and new friends with the indispensable services which it renders today.

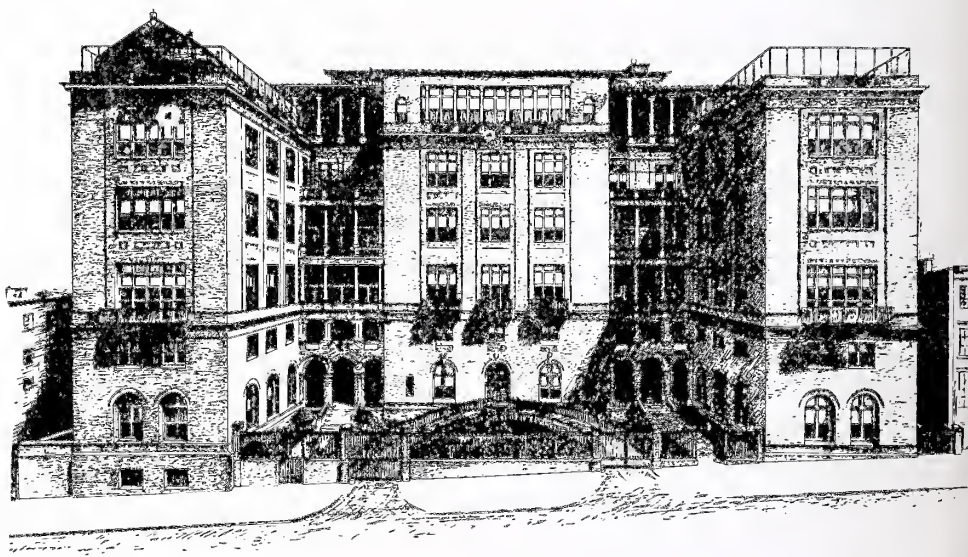
ARTHUR W. ROSSITER,  
*President*



*The Second Building*

*Opened in 1870, at 42nd Street and Lexington Avenue*

*The Present Hospital in 42nd Street East of Second Avenue*



# The Hospital of Yesterday

## *The World of the 60's*

The Civil War was absorbing the attention of the city and nation when the New York Society for the Relief of the Ruptured and Crippled was organized in March, 1863.

On January first Abraham Lincoln had issued the Emancipation Proclamation freeing the slaves. While Dr. James Knight was opening the Society's first little hospital in his own home on Second Avenue in May, General Grant was hammering his way toward Vicksburg, and the Battle of Chancellorsville was raging. That summer was to see the war carried into the North. Lee's invasion would bring the Confederacy to its high tide, only to break against Meade's army at Gettysburg in July.

**New York** President Lincoln called for 400,000 volunteers to join  
**Absorbed** nearly a million boys in blue already under arms. Draft  
**in War** riots occurred in New York and a few other cities. Sick  
and wounded soldiers were returning from the battlefields. Under the leadership of the New York Sanitary Commission, women were making clothing, bandages and comforts for the men in the field.

Dr. Knight's hospital had been in operation a little over six months when Lincoln delivered his immortal Gettysburg address at the dedication of the National Cemetery on the battlefield.

In England, Queen Victoria reigned. The Prince of Wales married the Princess Alexandra of Denmark. Florence Nightingale, home from her heroic labors among the wounded in the Crimea, was establishing schools for the training of nurses. There was not yet a Nurses' Training School in the United States. The first one would be founded at Bellevue Hospital a decade later.



**City One-Sixth Its Present Size** The census of 1860 had shown New York (then comprising only Manhattan) to have a population of about 700,000 as compared with ten-fold that number in the Greater New York of today. The nation numbered some 31,400,000, not 130,000,000 as today.

Horatio Seymour was Governor of the State. George Opdyke, Mayor of New York, was one of the prominent citizens who aided Dr. Knight in founding the hospital.

**"Country Hospital"** Much of the city north of the 50's was then open country. Squatters' shanties and goats occupied some of the neighborhood where the Hospital for Ruptured and Crippled now stands. The institution was regarded as a "country hospital." Then, as now, the East River was busy with shipping. Grand Central Terminal would not rise for 50 years. The Society's second hospital building, where the Hotel Commodore now stands, would give way to the improvements which the terminal brought, and the present institution would be built farther east in 42nd Street.

**Cripples Roamed Streets in 60's** In the early sixties, when Dr. Knight discerned the need of a hospital, many neglected cripples, children and adults, were roaming the streets of New York, exposing their deformities to excite sympathy as they begged for alms. An early report says:

"Persons afflicted with ruptures, ulcerated legs, varicose veins, etc., became beggars by profession. Poor families having crippled children, suffering from spinal and paralytic affections, thronged our streets, dwellings and places of business, making revolting displays of their infirmities and misfortunes. Sometimes they were seen led by their mothers, carried in their arms, or kept in their helplessness and wretchedness at home for the purpose of exciting sympathy."

There were no known cures at that time for those unfortunate conditions. But interest was beginning to be shown by the medical profession in the treatment of paralysis and of tuberculous lesions of bones and joints. Dr. Lewis A. Sayre was one of the pioneers in obtaining medical and hospital attention for cripples. He was appointed to the first professorship in orthopaedic surgery in this country, at the Bellevue Hospital College, in 1859.



*Second Avenue, Looking North From First Street, in 1860  
Dr. Knight Founded the First Hospital in His Residence a Few Blocks Northward  
(Courtesy of The Museum of The City of New York)*

*How the 42nd Street Neighborhood Looked 75 Years Ago — and Even Later*



**Founded First Orthopaedic Hospital** The impulse for the establishment of the Society of the Hospital for the Relief of the Ruptured and Crippled came from Dr. James Knight, a New York physician, in the middle of the last century. As a medical visitor of the Association for Improving the Condition of the Poor he came into close contact with laboring men and women and their children. As early as 1842, while attending the clinics of Dr. Valentine Mott, one of the eminent practitioners of the day, Dr. Knight became convinced of the importance of an institution devoted entirely to relieving the ruptured and crippled. Two decades later his conviction was to bear fruit in the establishment of the first institution in this country devoted entirely to this specialized service.

Meanwhile, he had enlisted the interest of such distinguished physicians and surgeons as Valentine Mott, Willard Parker, J. M. Carnochan and James R. Wood, and such influential citizens as George Opdyke, at that time Mayor of New York; R. A. Whitthaus, Wilson G. Hunt, Robert L. Stewart, T. B. Silliman and Peter Cooper.

Encouraged by their interest, but not yet able to secure necessary funds to establish the hospital, Dr. Knight counseled with R. M. Hartley, Secretary of the Association for Improving the Condition of the Poor. After discussions and preliminary meetings, the result was the organization on March 27, 1863, of the New York Society for the Relief of the Ruptured and Crippled.

Modest funds were forthcoming, and two months later the new organization had leased as a hospital the private residence of Dr. Knight at 97 Second Avenue, near Sixth Street, with accommodations for 28 patients, and had begun its work which has continued uninterruptedly ever since.

**Dr. Knight A Pioneer** Dr. Knight was a pioneer in vision and action. He had the foresight and imagination to see that something should and could be done for neglected cripples, and to initiate a demonstration of what was possible in the light of then existing knowledge. He became not only the professional leader in founding the first hospital in the United States devoted entirely to the relief and rehabilitation of cripples, but also a pioneer in organizing a broad, progressive movement for the extension and improvement of such



facilities from that time onward. His pathfinding work was a significant and permanent contribution in the field.

Modern aseptic surgery had not developed in Dr. Knight's day, but he applied to the problem such means of assistance and treatment as were known and paved the way for better methods. He utilized not only mechanical appliances to aid cripples, but emphasized diet, exercise, hygiene and education (moral as well as intellectual) in treating his patients. He established school facilities for children so that they might be taught while undergoing hospital treatment. This was an innovation. His hospital also had a gymnasium where patients were induced to exercise, however limited the exercise of which they were capable might be. The institution contained a chapel which ministered to moral health. Dr. Knight saw beyond the crippled bodies of his patients and sought to make them mentally, physically and morally sound. With the instrumentalities available in his time, his program was directed consistently and unremittingly to that end. To his armamentarium his successors added the resources of surgery and built on the foundation he had laid.

**"Crippled Stayed Crippled"** While the hospital came into existence before the facilities of modern, aseptic surgery were available, important advances in the field were at hand. At that time, all wounds suppurated and operations were never undertaken except as matters of life and death. As one writer put it, "the ruptured stayed ruptured and the crippled stayed crippled."

The original aim of the Society, as embodied in its incorporation papers, was "to supply skillfully constructed surgico-mechanical appliances and the treatment of in- and out-door patients requiring trusses and spring supports; also bandages, laced stockings, and other suitable apparatus for the relief and cure of cripples, both adults and children, and, so far as possible, to make these benefits available to the poorest in the community." Incidentally, the hospital also afforded a home in which the hopelessly maimed might await a death which only too often did not come soon enough. The wards were largely filled with children suffering from some form of joint tuberculosis (Pott's disease, hip disease, white swelling of the knee) and no one was daring enough to open a tuberculous abscess for fear of septic infection.

In the early 60's, however, came the epochal results of Pasteur's work on fermentation and the discovery of bacteria, and in 1867 Lister first brought out his method of antisepsis based on the discovery of the cause of wound infection, which, however, was not generally adopted in the leading hospitals of the United States for about 20 years. Ether had been discovered only about 20 years before.

**Modern Surgery Broadens Scope** About this time, emboldened by the success obtained in other operative fields, orthopaedic surgeons began to develop surgical procedures for the relief of crippling conditions. Today surgery is no longer necessarily a matter of life and death. It has become a matter of choice. Its risks have been constantly reduced. The surgeon is now in a position in which he may consider the risks less and the benefits more. His negative approach of the past has changed to a positive.

**Hospital Pioneers** With the advances in modern surgery, the scope of the work for the crippled progressively enlarged. The hospital has not only supplied appliances, but has pioneered in surgery for the ruptured and crippled, in remedial treatments and rehabilitation, and in serving as a teaching and research center. From the hospital has continually flowed new knowledge of methods and techniques in its field, and a supply of trained specialists to man similar institutions and clinics elsewhere.

**Famous "Firsts"** The hospital has a number of important "firsts" to its credit:

It was the first institution in the United States devoted entirely to treatment of the ruptured and crippled.

It was one of the first hospitals to recognize the value of the operative treatment of hernia and was the first to report an analysis of the results of operations for this condition. Some of the most valuable pioneer work in the hernia field has been done here.

It was the first hospital to establish a school where children could receive instruction while patients in the institution. Such a school has been maintained as a part of the public school system from the beginning, and in recent years a kindergarten as well.

It was the first institution to devote intensive effort to "an absolutely neglected disability, the so-called flat foot," and Dr. Royal Whitman devised a successful technique for correcting the condition.

The hospital pioneered in developing surgical methods for correcting the disabling foot deformities resulting from infantile paralysis. Dr. Whitman originated the operation of astragalectomy for stabilizing the flail-like joints.

The hospital first developed an effective method of treating fracture of the neck of the femur (hip). This method was also evolved by Dr. Whitman.

The hospital was one of the first to be recognized by the American College of Surgeons as conforming to their minimum standards on the basis of hospital records.

The hospital was a pioneer in carrying out a careful, scientific study of arthritis, and its Arthritis Clinic was one of the earliest in the country.

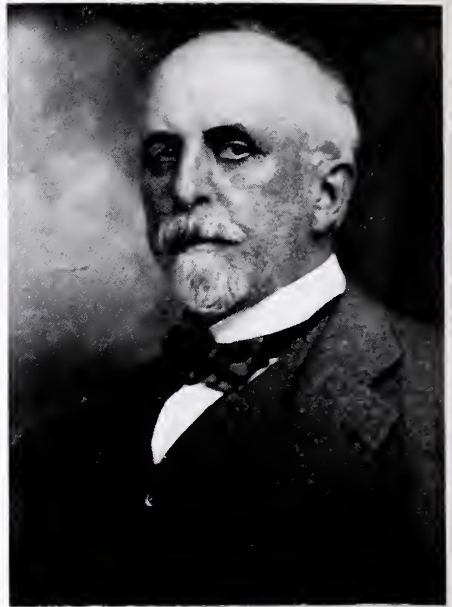
Another pioneer effort was the study and treatment of malignant bone tumors, and Dr. William B. Coley developed an original method for treating such tumors by bacterial inoculation based on his observation of the curative action of an attack of erysipelas.

**Old Hospital Outgrown** As the city grew, demands upon the original hospital increased rapidly. The number of patients grew to such an extent that by 1867 it was decided to build a new and larger building. A plot was purchased at the corner of 42nd Street and Lexington Avenue, now the site of the Hotel Commodore, and the new hospital was completed and occupied in 1870. An addition to this building was erected in 1898. In 1910, on account of the Grand Central Terminal improvement, the hospital decided to sell its property, and obtained a plot at 303-325 East 42nd Street, a block bounded by 42nd and 43rd Streets and Second Avenue and Prospect Place, as the site of a new building.

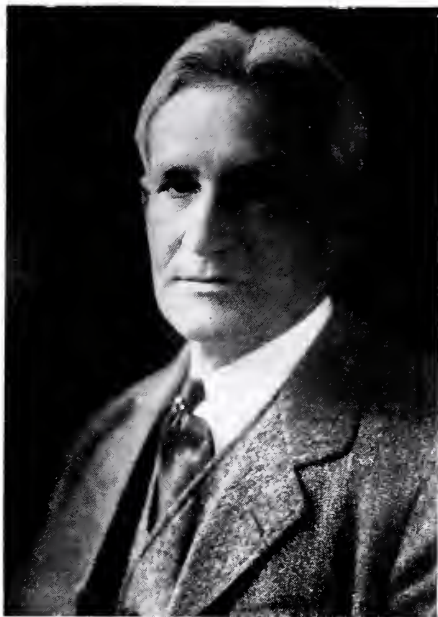
**Community Leaders Manage Hospital** The institution has progressed under management which has always commanded the respect and confidence of the public. Service on its Board has become a tradition in a number of New York families. Jonathan Sturges was one of the incorporators and a member of the first Board.



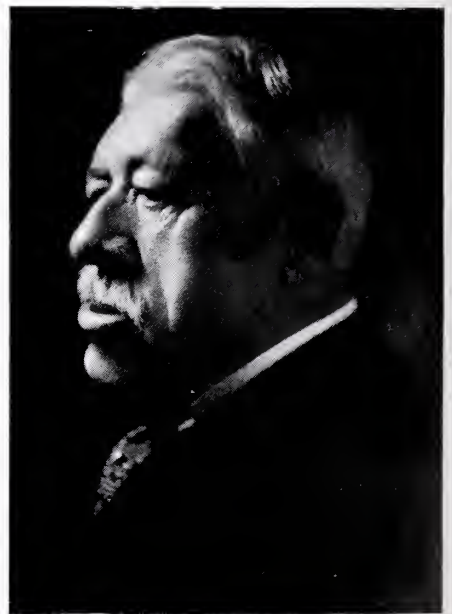
*Dr. James Knight, Founder*



*Dr. Virgil P. Gibney*



*Dr. Royal Whitman*



*Dr. William B. Coley*



His son, Frederick Sturges, was elected in 1871, became Treasurer in 1875, and President in 1901. His son, Arthur Sturges, served on the Board for a number of years, as did his son, Frederick Sturges, Jr.

John T. Willets, son of Samuel Willets, President in the 80's, served on the Board and as Vice President.

William H. Osborn, a son-in-law of Jonathan Sturges, became a member in 1870, and the latter part of his life served as President. His son, William Church Osborn, and grandson of Jonathan Sturges, was for many years active as a member, Secretary and President of the Board.

Sons or grandsons of former Managers who have also served on the Board have included William H. Macy, Jr., John N. Stearns, Jr., Adrian Iselin, Jr., Ernest Iselin, R. R. Colgate, Frederick Potter, John Morgan Wing, Morgan Wing and Walter P. Bliss.

Presidents have been John C. Green, 1864 to 1874; Stewart Brown, 1875 to 1879; Samuel Willets, 1880 to 1883; William H. Macy, 1884 to 1887; William H. Osborn, 1888 to 1890; William B. Isham, 1891 to 1901; Frederick Sturges, 1902 to 1910; William Church Osborn, 1911 to 1925, and 1929 to 1937; John S. Melcher, 1926 to 1928; and Arthur W. Rossiter, from 1938 to date.

**Distinguished Medical Leadership** Distinguished physicians and surgeons who have served on the staff included names of world-wide reputation, such as Valentine Mott, William H. Van Buren, Willard Parker, John M. Carnochan, Gurdon Buck, Frank H. Hamilton, Austin Flint, John T. Metcalf, Cornelius R. Agnew, Edward G. Janeway, William T. Bull, James R. Wood, William B. Coley, Henry Ling Taylor, Virgil P. Gibney and Royal Whitman, to say nothing of eminent consulting physicians and surgeons on the present staff.

# Milestones of 75 Years

To tell the complete story of the hospital during three-quarters of a century would fill a substantial volume. The highlights of its history are given in this condensed form:

**1863** The New York Society for the Relief of the Ruptured and Crippled was organized on March 27 and incorporated on April 13.

The Society leased the residence of its founder, Dr. James Knight, at 97 Second Avenue, as a hospital, which opened its doors on May 1, with accommodations for 28 patients. Dr. Knight was Resident Physician and Surgeon. John C. Green was the first President.

**1864** The first annual report indicated that 828 patients were treated in the first year.

**1865** Institution already overtaxed and many patients were treated in their homes.

"Adult patients come for relief—and seem to feel they have found a pool of Siloam. . . . The institution is prospering equal to the most sanguine expectation."—From report by one of the hospital's Visitors.

**1867** Number of patients treated was 1,684.

To date, the hospital has supplied 1,769 trusses for the ruptured, four-fifths of which were free.

Original hospital outgrown and the Society purchased five lots (for \$40,000) at the corner of 42nd Street and Lexington Avenue, as a site for a larger institution.

**1868** Architects' plans for new hospital accepted in June and work was well under way in November, when it became necessary to raise \$100,000 additional, which was promptly done.

**1869** Applications for treatment are now made from many parts of the United States.

**1870** New building with accommodations for 200 children occupied. The facilities in this building were unique and progressive, including, among others, a garden or play-room, so constructed as to be "open in summer, inclosed in winter, open to the sun on all sides, and yet shaded from it overhead."

**1871** From May, 1870, to May, 1871, 2,721 patients were treated—more than three times the number in the original hospital during its first year.

**1872** Dr. Virgil Pendleton Gibney began his long and distinguished connection with the hospital, joining the staff as Assistant Resident Surgeon.

"With a grateful sense of the privilege of seeing such a blessed and Christlike work, so wisely, skilfully and tenderly done!"—Visitor's report by Rev. Henry Codman Potter, later Bishop of New York.

Hospital visited by the Japanese Ambassador and his staff and members of a government Commission gathering facts about the organization and administration of such an institution.

**1873** At the end of its first decade—a pioneering period of significant progress and results—the hospital had treated 21,814 patients.

**1874** Dr. Edward G. Janeway, Professor of Pathology at Bellevue Hospital Medical College, was appointed Pathologist at Ruptured and Crippled.

**1875** The hospital suffered the loss of the services of John C. Green, its first President, and Jonathan Sturges, a founder and Treasurer of the Society since its beginning, by death; and of Robert M. Hartley, a founder and Recording Secretary of the Society since its establishment, through retirement.

**1877** An Open Air Fund created.

**1878** Patients treated in the past 15 years, 52,146.

**1886** Hospital has treated 122,611 patients to date.

**1887** Dr. James Knight, founder of the hospital, died on October 24, after serving the institution continuously from its inception until his death, a period of nearly 25 years. He was succeeded by Dr. Virgil Pendleton Gibney and an important new era of the hospital began. The death of Dr. Knight brought to a close a career of exceptional vision, devotion and significance which left a permanent impress not only on the hospital he founded, but upon the expanding field of relief to the ruptured and crippled.

A separate hernia department was formed, and Dr. William Tillinghast Bull was placed in charge, with the title of Attending Surgeon.

Dr. Gibney was elected as first President of the American Orthopaedic Association.

**1888** Twenty-fifth Anniversary.

Hotel Vanderbilt and other friends in the neighborhood accommodated 125 children forced to leave the hospital when a fire occurred.

The hospital opened its first operating room, and moved its Out-Patient Department from the basement to the first floor. A house staff was appointed, recognizing the educational as well as treatment functions of the institution.

**1889** Dr. Royal Whitman became Assistant Surgeon and was placed in charge of the Orthopaedic Clinic of the Out-Patient Department. Dr. Whitman was to have a career of outstanding distinction and usefulness, covering 40 years on the staff. The list of his contributions to the hospital and to the advancement of orthopaedic surgery is long. Among them were his notable work and new techniques for correction of paralytic feet and the stabilizing of ankle joints, the abduction treatment for fractures of the hip, and the reconstruction operation for various hip lesions. He contributed many articles to orthopaedic literature and wrote a comprehensive textbook on orthopaedic surgery.

Dr. Gibney recommended an out-patient dispensary separate from the hospital.

**1890** Dr. William Bradley Coley was appointed to the staff as Clinical Assistant to the Hernia Clinic. This was the beginning of a long and valuable service to the institution.

Voted to establish a new Out-Patient Department.

**1891** The hospital was becoming more active as a surgical institution and taking a leading place among such institutions in this country. Drs. Gibney and Bull were emphasizing reconstructive surgery and steadily improving the hospital's surgical facilities.

Dr. William T. Bull performed an appendectomy, the first operation of its kind in the hospital.

Dr. Coley instituted treatment of malignant bone tumors by inducement of erysipelas.

**1892** Hospital visited by distinguished orthopaedic surgeons from all sections of the country when the American Orthopaedic Association met in New York.

**1894** Dr. Gibney again recommended admission of adult patients to the wards, only children between 4 and 14 years being admitted at present.

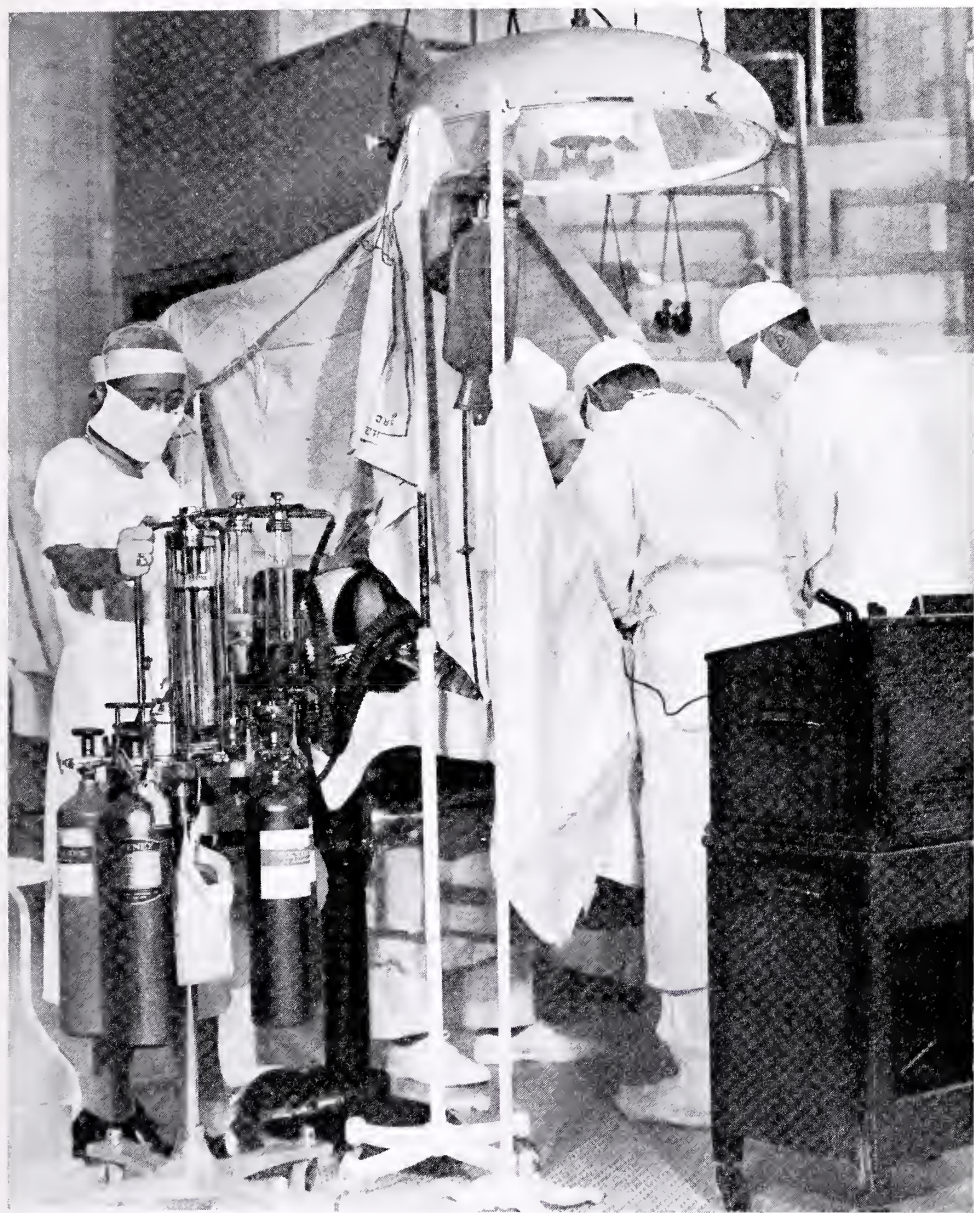
Dr. Gibney was appointed Professor of Orthopaedic Surgery at the College of Physicians and Surgeons.

Attempt begun to keep in touch with patients who had been treated at the hospital; the first mention appears of a "follow-up clinic."

Through the interest of Cornelius Vanderbilt, President of the New York Central and a member of the Board of Managers of the hospital, free transportation for patients to country environment was provided in the summer season.

**1895** Dr. Henry Ling Taylor was appointed to the staff as an Attending Surgeon and served the hospital with distinction until his death in 1923.





*Operating Room*

**1897** The city was growing rapidly, the scope of the hospital expanding, and the number of patients applying was increasing to such an extent that additional accommodations had become a necessity. Through the foresight of officers of the hospital, the houses on Lexington Avenue from the hospital line to 43rd Street had been purchased from time to time as opportunity offered. An addition to the hospital now being built on this site.

**1898** The extensive five-story addition to the hospital at 43rd Street and Lexington Avenue was opened for occupancy, not only providing much needed additional space, but also enabling the hospital to keep pace with advances in orthopaedic surgery and the surgery of hernia. The new building nearly doubled the hospital's floor space, gave it a well appointed Out-Patient Department, an operating suite on the fifth floor, an operating room for out-patients, a mortuary and chapel, a gymnasium, an adequate pavilion for infectious diseases, and a well-lighted work shop in which all the apparatus needed for the work could be manufactured. A pathological laboratory was opened and the first X-ray machine was installed. This expansion of the hospital was one of the more significant developments of its history.

The office of Superintendent was created, and Sherman H. Leroy engaged.

The hospital issued its first report analyzing results of operations for the treatment of hernia.

**1900** The theatre of the operating room is filled with surgeons. Dr. Gibney having been appointed Professor of Orthopaedic Surgery at the New York Polyclinic Hospital, had inaugurated operative clinics at the Hospital for the Ruptured and Crippled for post-graduate students. Facilities for instruction in orthopaedic surgery increased.

**1901** "This report should not close without calling attention to the long list of operations done for the radical cure of hernia without a single failure."—Annual report.

Dr. Royal Whitman's book, "Orthopaedic Surgery," which was to go through nine editions and is still used as a medical textbook, was published. In 1939 one of Dr. Whitman's confreres said of it: "This book alone, even if the author had never made any other contribution of value to orthopaedic surgery, would have placed him among the leaders in this specialty, as it is the most comprehensive and complete volume of its kind written in the English language. For almost forty years it has held foremost place in the literature on orthopaedic surgery and is known to all American students and practitioners of medicine."

Dr. Whitman published an article in the American Journal of Medical Sciences describing the principles and results of the operation of astragalectomy which he had developed for stabilizing flail-like joints due to paralysis.

**1902** Dr. Whitman read a paper before the New York Surgical Society outlining his new method of treatment for fractures of the neck of the femur.

**1903** A ward for the care of women was opened, Dr. Royal Whitman having received an offer from an anonymous benefactor to support the ward for two years. This gift was made in connection with the visit of Dr. Adolf Lorenz, of Vienna, to America to treat the daughter of a Chicago millionaire for congenital dislocation of the hips.

**1907** Construction of the new building "has approximately doubled the work of the hospital and more than doubled its efficiency and standards."—Annual report.

Out-Patient Department taxed to its utmost by infantile paralysis epidemic.

A report of the results of the operations for the radical treatment of hernia since 1890 published by Dr. Bull and Dr. Coley in the Journal of the American Medical Association.

Dr. Percy William Roberts was appointed to the staff, where he worked under Dr. Gibney through the various grades to Chief of a Division. He continued as a valued member of the staff until his retirement in 1934 and made numerous important contributions to medical literature and to the development of surgical technique and apparatus.

**1908** Advances made in school work, especially in industrial training, the first use of occupational therapy here. Work commended by Board of Education.

1,036 cases of infantile paralysis treated.

**1909** Dr. William Tillinghast Bull died on February 22. He was the foremost surgeon of his time in New York, and his long connection with the hospital was marked by significant improvements and advances in its surgical progress.

283 operations for hernia performed, the largest of any year in the hospital's history to date. The number of orthopaedic operations was 534.

Another epidemic of infantile paralysis increased demands on the hospital.

**1911** William Church Osborn, son of William H. Osborn and a grandson of Jonathan Sturges, one of the founders of the hospital, became President. His services continued until 1938, when he retired. Mr. Osborn's counsel and devotion to the hospital have been and still are one of its greatest assets. His service on the Board covered 46 years and the periods of his Presidency 23 years.



Last year of occupancy of the old building. Work on the new Grand Central Terminal of the New York Central Railroad, and the need for expansion of the hospital, necessitated the seeking of a new site, and one was secured on the north side of 42nd Street between First and Second Avenues, where the hospital stands today. It extends through to 43rd Street. The old hospital property was sold as the site of the present Hotel Commodore.

**1912** New hospital occupied on November 29 and formally opened on December 16 with appropriate ceremonies. Occupancy of the new building was an important milestone and signaled the beginning of a significant new chapter in the hospital's history.

**1913** Fiftieth Anniversary. During its first half century the hospital has treated 392,405 patients.  
4,399 hernia patients applied for treatment during this year.  
Social Service Department organized in March.  
The first librarian for the record room appointed.

**1915** 56,764 treatments given in Out-Patient Department.  
The hospital has treated 428,513 patients since its founding.  
"The hospital needs a country establishment for the care of convalescent patients."—Annual report.

As many as 352 patients treated in the Out-Patient Department in a single day.

**1916** A special clinic was established for the care of infantile paralysis cases. The State Charities Aid Association appealed to the hospital to aid paralytic cripples throughout the State.

"The 1916 epidemic of infantile paralysis will continue to impose a heavy burden upon the hospital for a number of years."—Annual report.

**1917** Hospital actively engaged in war service. When the Surgeon-General called for aid in preparing men for the care of the wounded, the hospital responded promptly, opened its doors by equipping a new ward—*its first ward for male adults*—and offered instruction in orthopaedic surgery to officers of the Medical Reserve Corps. Recruits for the Army were received in the wards for correction of disabilities. Thirty-four Army surgeons were received for the study of orthopaedics and fifteen of the attending physicians were in active service, seven on the Western Front, and 22 other alumni have received commissions. "All day long, men in khaki are seen in the operating rooms, the wards and in the out-patient service."

Joseph D. Flick became Superintendent of the hospital.

**1918** Hospital engaged in war and reconstruction work. Institution overcrowded, and staff depleted by war service.





*Waiting Their Turn at the Clinic*

**1919** From October 1, 1918 to May 11, 1919, the hospital treated 265 Army and Navy patients in its wards; institution praised by U. S. officials for its services.

The hospital was accorded recognition by the American College of Surgeons.

**1922** The Board voted funds for a five-story addition to include a pavilion for private patients and an operating unit.

"A little girl from Pennsylvania (Margaret Evans) was treated several years ago, and all of her savings were sent to me after her death, to be used in the best way for the children in the wards. She died so instructing her aunt on her death bed."—Annual report of Surgeon-in-Chief.

**1923** The pavilion for private patients, later named the Gibney Pavilion, was opened on March 15.

Nursing facilities increased.

Plot at 311-313 East 43rd Street purchased.

A Medical Board created.

Medical Board recommends the establishment of a Department of Physiotherapy.

**1924** The Arthritis Clinic was opened, with Dr. R. Garfield Snyder, Attending Physician, as Chief, beginning scientific study of chronic arthritis. A new Physiotherapy Department was opened under the direction of a physician trained in physical therapy.

Dr. Virgil P. Gibney resigned as Surgeon-in-Chief and was succeeded by Dr. William B. Coley. Dr. Gibney had served the institution with ability, distinction and devotion for 52 years, of which he was Surgeon-in-Chief for 37 years. Dr. Gibney's tenure coincided with a most important and progressive epoch in the hospital's history, marked by significant advances in all branches of its administration and particularly in the surgical and educational features of the hospital. Although Dr. Gibney began his surgical career in the pre-antiseptic period, he early recognized the value of Lister's methods. While on the staff of the hospital, he increased the volume of operative treatments, separately or in combination with mechanical methods, was an outstanding professional leader and revered as a man as well as a surgeon.

**1926** Occupational Therapy Department established, under a graduate occupational therapist.

The Alker Memorial Library was founded by Henry A. Alker in memory of his parents, Alphonse H. and Florence W. Alker, and has been a source of much enjoyment to patients. This was combined with the Arents Library for children, which had been founded 21 years previously by Mrs. George Arents in memory of Mary Arents Averell. These libraries are under the supervision of the Director of Occupational Therapy.

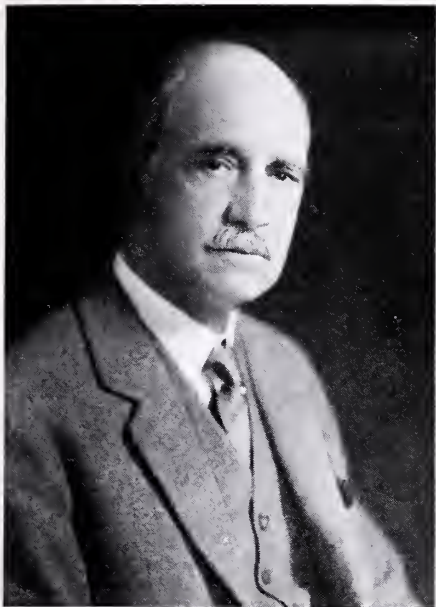
**1927** Dr. Virgil Pendleton Gibney died on June 16 in his eightieth year. "One of the fathers of Orthopaedic Surgery has been called away. The world is poorer by his loss. Dr. Gibney is dead, but his memory will live because he was more than a surgeon. He was a man with greatness in him." Dr. Gibney was twice President of the American Orthopaedic Association, the only man to be thus honored.

Ladies Auxiliary appointed, with Mrs. Edgar S. Auchincloss as Chairman.

The Gibney Fellowship in Bone Pathology was established with funds raised by the alumni.

**1928** In-patients treated during the year totalled 3,982. Of the 93,429 hospital days of care, 24,003, mostly children, were free. Visits to the Out-Patient Department numbered 97,739.

**1929** Dr. Royal Whitman resigned from the staff (and retired from practice), was made Consulting Surgeon, and was elected to the Board of Managers. Looking back upon his outstanding career, which included a connection of four decades with the hospital, an associate of Dr. Whitman says of him: "I think of Dr. Royal Whitman as a great scholar and teacher,



*William Church Osborn, President-Emeritus*



*Arthur W. Rossiter, President*

an expert surgeon and clinician, a pathfinder and a guide to the student in orthopaedic surgery, an unforgettable figure in the history of the Hospital for the Ruptured and Crippled."

60,000 treatments given in Physiotherapy Department.

A therapeutic pool was given to the hospital by W. Frazer Gibson. It was the first such pool in New York with a surface elevated to a convenient height above the floor, and has proven of great value.

A solarium of vita glass, occupying a spacious portion of the roof, was given to the hospital by Vernon Carleton Brown in memory of his wife, Katherine F. Brown. It has admirably fulfilled its purpose of providing recreation and improving the health of patients.

**1932** The hospital was hard hit by the depression, but through retrenchments and economies and efficient administration was able to carry on its activities.

**1933** Dr. William B. Coley retired and was appointed Surgeon-in-Chief Emeritus.

Dr. Eugene H. Pool, one of the leading surgeons of New York and later President of the New York Academy of Medicine, and of the American College of Surgeons, was appointed Surgeon-in-Chief.

**1934** Dr. Philip D. Wilson was appointed Director of Surgery to reorganize and assume charge of the surgical and medical services of the institution, the hospital thus returning to the principle of a full-time Director followed by Dr. Knight, the founder. Dr. Wilson's appointment brought the hospital an affiliation with the College of Physicians and Surgeons of Columbia University, where he is Clinical Professor of Orthopaedic Surgery.

**1935** Dr. Eugene H. Pool resigned as Surgeon-in-Chief, was succeeded by Dr. Philip D. Wilson, and was appointed Surgeon-in-Chief Emeritus.

Dr. William B. Coley, Surgeon-in-Chief Emeritus, was awarded the silver medal of the American Academy of Orthopaedic Surgeons, and was honored by being made an Honorary Fellow of the Royal College of Surgeons of England.

Policy of inviting distinguished surgeons to visit the hospital in the capacity of "Surgeon-in-Chief pro tempora" inaugurated. Dr. George Bennett, an alumnus of the hospital, Professor of Orthopaedic Surgery at Johns Hopkins Medical School, was the first to occupy the post.

Two new floors of the East Wing opened, providing excellent laboratory and research facilities and quarters for the William B. Coley Pathological Museum and the medical library, as well as a semi-private ward. The X-ray Department and Record Room were enlarged and remodeled.

Upon the recommendation of Dr. Wilson, a Medical Library for the attending professional staff was established and placed under the direction of Dr. Fenwick Beekman, Chairman of the Medical Library Committee. It has since proved of the utmost value to both the resident and visiting staff as a working and reference library. It contains a growing collection of books, already numbering nearly a thousand volumes, and comprising reference works, textbooks and bound copies of medical journals presented by the doctors and purchased from funds contributed by friends of the hospital. It also contains a collection of over 1,500 reprints, and current copies of some 25 medical journals are available through subscriptions. The library is used by 2,500 readers a year. Use of the library has increased steadily. The Surgeon-in-Chief reports that Dr. Beekman as Chairman of the Library Committee "deserves a great deal of thanks for his unflagging zeal and tireless labor in making the library a success."

**1936** Dr. William B. Coley, Surgeon-in-Chief Emeritus, and long an outstanding leader in the Society, died on April 16. Dr. Coley had served on the staff continuously for more than 42 years, of which he was Surgeon-in-Chief for nine years, retiring in 1933. Dr. Coley was one of the outstanding surgeons of New York and one of seven American surgeons to



be made an Honorary Fellow of the Royal College of Surgeons of England. Succeeding Dr. Gibney as Surgeon-in-Chief, Dr. Coley led the hospital successfully through a new and fruitful epoch of its development. He not only administered the institution skillfully and strengthened and coordinated the staff, but also pursued his own independent pioneer work in the study and treatment of malignant bone tumors. The hospital owes to him many of the interesting specimens now exhibited in the Pathological Museum, which bears his name. Dr. Coley had also been a pioneer in the development of the operative treatment of hernia. He will be remembered as one of the outstanding leaders of the institution.

"A branch hospital of 50 to 60 beds, situated in the country within easy access of New York City, is one of our greatest needs."—Annual report.

Dr. John E. McWhorter, Director of the Laboratory and Chief Pathologist for many years, died.

The "Corner Shop" opened.

Many scientific meetings held at the hospital, in which members of the staff presented papers.

Women's Auxiliary Committee established under the Chairmanship of Mrs. John H. Reynolds.

An important event in the history of the hospital was the visit of Dr. W. Edward Gallie, an alumnus of the hospital, now Professor of Surgery and Dean of the Medical School of Toronto University, Canada, who came to serve as Surgeon-in-Chief pro tempore from November 2 to November 9.

Hospital responded to a request from the Commissioner of Hospitals of New York City to admit city cases to relieve congestion in the municipal hospitals.

**1937** Joseph D. Flick died on December 14. For more than 20 years Mr. Flick had served the hospital with exceptional executive ability, unflagging zeal and a gift for inspiring cooperation and attracting friends and support to the hospital. His administration coincided with a period of important transformation in the policies of the hospital, and to all his duties he brought a high order of ability and devotion.

William Church Osborn resigned as active President, and as President Emeritus continues to give the hospital the benefit of his sagacious counsel and long experience.

**1938** During the year 62,538 days of care were given to 3,635 in-patients, and 12,740 patients were treated in the Out-Patient Department, with a total of 79,944 visits to the various clinics. These figures compare interestingly with the hospital's first year when 50 in-patients and 778 out-patients, totaling 828, were treated.

A full-time Director of the Roentgenological Department was appointed.

Numerous plant improvements made and isolation unit opened.

Forty-six endowed beds have been given since the hospital was opened.

Dr. Royal Whitman, Consulting Surgeon, was made an Honorary Fellow of the Royal College of Surgeons of England. Only seven surgeons from the United States have been so honored, and two of them had been connected with the Hospital for the Ruptured and Crippled—Dr. Whitman and Dr. Coley.

Visiting Fellowships and visits of surgeons from all parts of the United States and from abroad illustrate the value of the hospital as a teaching as well as treatment center.

Edward A. B. Willmer became Superintendent of the hospital on January 1.

The Social Service Department of the hospital was reorganized and the scope of this important work increased. Mrs. Glee Hastings Dervend became Director of the department following the resignation of Miss Jessie H. Prest after 25 years of devoted service.

**1939** Seventy-fifth Anniversary of the hospital commemorated at Anniversary Week, October 31 to November 4, with receptions and a dinner, inspection of hospital activities, a scientific program and operative clinics, and a meeting and dinner of the Alumni Association.

*Children Being Treated for Curvature of the Spine*





*I'm Almost Well*



# The Hospital of Today

Preceding sections of this booklet have traced the history and development of the Hospital for the Ruptured and Crippled through three-quarters of a century.

The hospital of today is built on a solid foundation of pioneering experience, steadily expanding scope, and adaptation to changing conditions in hospital service, medicine and contemporary life. Its pioneering history is matched by its progressive spirit. How the hospital is organized today is shown graphically in a chart on pages 32 and 33 of this brochure.

**Modern Plant and Equipment** Although the present 250-bed hospital was in large part constructed 25 years ago, constant work on the plant has kept it up to date. It is today in every way a modern hospital equipped with all the necessary facilities and departments essential for the modern needs of diagnosis and treatment. Its first function is the care of patients and all other activities are secondary to this objective.

**Considerate Attitude Toward Patients** The necessity of an attitude of courtesy and kindness on the part of everyone who has dealings with the patients from the highest to the lowest is stressed. Vigilance, fairness and consideration are required of all the doctors attending the patients. Because many of the patients are admitted for reconstructive operations and are not ill after the immediate post-operative period, but must stay for a considerable length of time, the meals are important events and every effort is made to provide food which is good and appetizing. No patient ever leaves the hospital without being impressed by the quality of the care and consideration which he has received. This is attested by innumerable letters from former patients.

**A Research and Teaching Institution** Teaching and research are other important activities of the hospital, but the underlying reason for these is the recognition that teaching benefits the patient because no case can be presented to a student unless it has been made the subject of complete scientific study and the treat-



ment given has been logical and beyond reproach. If a doctor teaches, he must keep up to date and be conversant with all advances in scientific medicine. Similarly, research is an advantage to the patient, not only because of the benefits he may receive from the advances made, but because a hospital cannot have the best physicians and surgeons upon its staff unless it provides them with the opportunities for research. Scientific work in a hospital stimulates the best scientific attitude in the physician's approach to an individual patient's problem.

### *A Tour of the Hospital*

The manifold activities of a hospital specializing in orthopaedic and reconstructive surgery are best revealed by a tour of the building, starting on the top floor. At the east end is the open roof terrace where the patients are pushed out in their beds to receive the benefits of fresh air and sunshine.

**“Work Cure”** Adjoining this is the Occupational Therapy Workshop, a busy and interesting corner where many crippled persons can be seen working industriously at the looms, bandsaws, and using other special tools, making rugs, jigsaw puzzles, various toys and many other articles. Here the director and her full-time assistant and various volunteers, are busy preparing work to be distributed among the patients in the wards who are confined to bed. The impression is one of cheerfulness and gaiety and not of a hospital.

**Cheerful Children** One can look into the large ward for little boys and wonder how these tiny children can support operations, plaster casts and other apparatus and be so happy and gay after such long months of confinement. One rejoices, however, that modern orthopaedics can do so much to overcome the deformities of club foot, congenital dislocations of the hip, curvature of the spine and the many disabilities resulting from infantile paralysis.

**Medical Library** We now go down the long corridor of the East Wing which has been built recently. The first room on the right is the Medical Library, an attractive room with comfortable chairs, its walls lined with books and bound volumes of medical journals. The librarian can show us drawers containing some 1,500 reprints of



*Rest and Recreation on the Roof*

*They Call It Occupational Therapy, But It's Really Fun*



medical articles and a complete index of all medical literature going back as far as 1926. We are informed that most of these books are the gifts of members of the Attending Staff.

**Coley Museum** Across the hall is a large room and the doorplate says "Coley Pathological Museum." Inside we find the walls lined with glass enclosed shelves and these are filled with what the doctors tell us are beautifully mounted specimens of every conceivable type of bone tumor. This is one of the best collections of its kind in the country and was assembled through the untiring efforts and interest of the late Dr. William B. Coley, formerly Chief Surgeon of the hospital. There is also an excellent collection of specimens of various orthopaedic conditions. There is a long conference table and this room is frequently used for staff meetings and study of specimens.

**Research Laboratories** Farther down the hall are various rooms, some of which are designated as individual research laboratories and are occupied by full-time Fellows engaged in research problems. There is also a room set aside for experimental surgery. In another room, we find the hospital artist at work. She runs through her files and brings out a multitude of drawings and paintings illustrating new operations being developed at the hospital and interesting and rare specimens of disease of which it is desirable that the hospital should keep some permanent record. We can appreciate the artistic talent of her work even if we cannot comprehend the drawings.

**Chemical and Pathological Laboratories** At the end of the hall we find the large chemical and pathological laboratory where the pathologist and many technicians are working. Some are bending over microscopes, others are working with chemical reagents and flasks and retorts, while another is working with paraffin and a queer looking machine which we are told is a microtome. Even though a layman cannot understand the nature of their different tasks, he appreciates that it all has to do with the study and diagnosis of patients' diseases and that upon what is seen down the microscope or upon what color a certain fluid assumes when a reagent is added depends the future happiness of many patients and that the work done here often determines what may be done for them.

BOARD

SURGE

DEPARTMENT OF ORTHOPAEDICS  
CLINICS  
Orthopaedic \* Scoliosis \* Low Back Pain \* Club Foot \* Spastic \* Bone Infections

MEDICAL SOCIAL SERVICE

Occupational Therapy

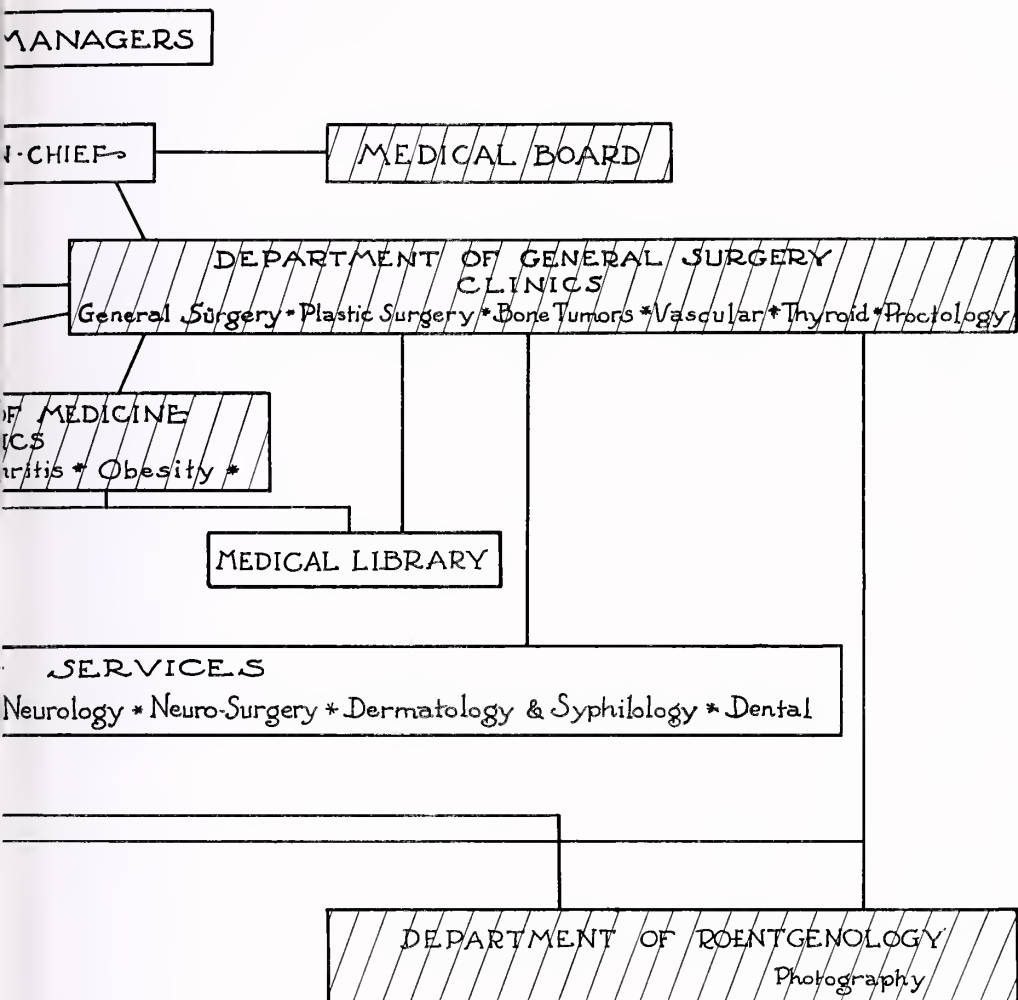
PHYSIO-THERAPY

DEPARTMENT  
Medical \* Pediatric

CONSULT  
Ophthalmology \* Otolaryngology \* Gynecology \* Urology

CLINICAL AND PATHOLOGICAL LABORATORY  
Medical Illustrations





*Staff and Clinical Organization of the  
Hospital for the Ruptured and Crippled*

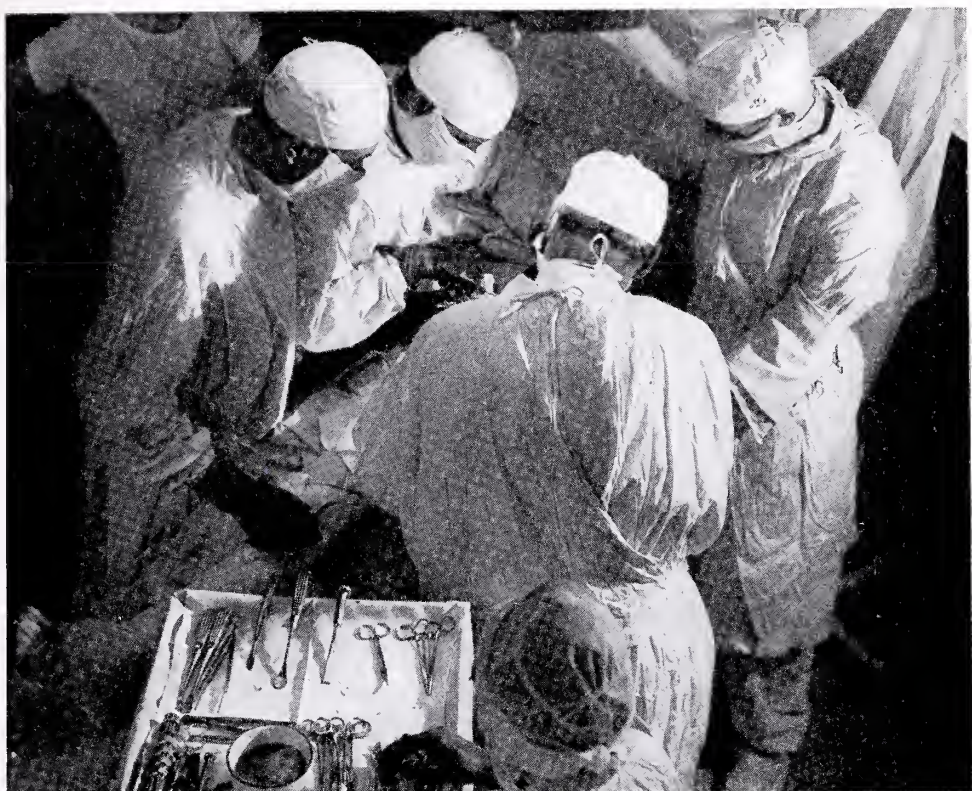
**Bacteriological Laboratory** We can look into the bacteriological laboratory as we come out and see the racks of culture tubes which will be used for growing bacteria from the blood and body fluids of patients. We can look in the incubator where hosts of murderous bacteria recovered from patients are growing but locked safely within glass culture tubes.

**Large Increase in Laboratory Examinations** The ever increasing importance of chemical, pathological and bacteriological examination in the treatment of patients is stressed by the fact that recent study of the records of the department shows that in the ten-year period from 1929 to 1939 the total number of examinations had increased 106% and the volume of individual items by the following: Urinalysis 30%, bacteriological examination 15% blood studies of various types 590%, and tissue examinations 450%.

**Spacious Solarium** We now leave the Laboratory and cross over to the West Wing, passing through the small corridor off which open the offices of the Surgeon-in-Chief, who serves full time in the hospital. On the west side we enter the large glass-enclosed solarium where we find patients in bed and in wheelchairs scattered about in small groups, talking with their friends, playing cards, or reading. This commodious solarium is heated in the winter time and the patients can come up here even when the weather is bad.

**Private Operating Suite** At the back of the solarium and down a corridor is the private pavilion operating room. Here there are two operating rooms, the anaesthetizing room, with all its modern, complicated apparatus for anaesthesia, sterilizing room and workroom. These have the characteristics and appearance of modern operating rooms in any hospital so we need not dwell upon them.

**Private Pavilion** We go down to the fifth floor where we find features of special interest. On the west side is a large, airy, well lighted ward for male surgical patients. At the rear of the West Wing we can view one of the wards or floors for private patients, of which there are three, all more or less similar. Inside the door we find the head nurse's station with her table and the individual charts for every patient. Private rooms open on either side down a long corridor. Most of these rooms are single rooms but, since the develop-



*Applying the Resources of Modern Surgery*

ment of the Associated Hospital Service Plan, there has been an increased demand for semi-private accommodations, so some of these rooms contain two beds and are separated by curtains. The single rooms are large and comfortably furnished. Some of the patients are attended by private nurses, but others are under the care of the floor nurses. A look at the menu shows that the patients are offered an excellent choice of food, and we can inspect the diet kitchen where special diets are prepared.

**Books Brighten** Crossing over to the East Wing, we pass through a  
**Hospital Hours** large room off which opens on one side the nurses' dining room, and on the other, or front side, the Alker Memorial Library and the schoolroom. The library, which is supported by a small endowment fund, contains a large collection of books of all types to be loaned to patients. They are distributed by



volunteers who push around through the wards a small wagon containing a sample collection and also an index from which any patient may make a choice. This service is furnished patients without charge.

**A School in the Hospital** The schoolroom and kindergarten deserve special explanation. This has been a feature of the hospital from its very beginning when the prolonged nature of the treatment required for the relief of crippling conditions in children was recognized. Yet crippled children require even more than normal children the opportunity for full development of their mental equipment. It became obvious that if the education of these children was not to be unduly delayed or interrupted, provision must be made so that their education would proceed simultaneously with treatment. The wisdom of this plan was recognized by the Board of Education of New York City which provided the teachers while the hospital furnished the classrooms. The children come to the hospital classroom in wheelchairs or on stretchers and respond to the questions of the teacher with interest and enthusiasm. So efficiently do the teachers perform their work that when the children are discharged from the hospital they can, almost without exception, resume their school work with their own class.

*Little Patients Who Can't Go to School, So the School Comes to Them*





**Physiotherapy Department** On the east side of the fifth floor are various facilities for treatment which are under the Department of Physiotherapy. At the front is the large gymnasium where trained physiotherapists give instruction in corrective gymnastics for faulty posture, weak feet, curvature of the spine and various other conditions. Next are the rooms for electro-therapy where patients may be given diathermy, static spark and other forms of electrical stimulation. Here also are the rooms to which patients are sent for the determination of basal metabolism.

**Main Operating Rooms** At the back is a new small ward for semi-private patients constructed at the same time as the laboratory floor above. This ward is divided into three units of four beds each. It has all the modern conveniences and is much liked by the patients and nurses. We can go out through the back of this ward, if we desire, into the visitor's gallery of the main operating theatre but if we do so we shall have to put on sterile caps, gowns, masks, and even muslin boots to cover our shoes.

We can get a better view of the operating room by going downstairs to the fourth floor. The work rooms, preparation rooms and anaesthetizing rooms opening off the long corridor are more interesting, if less awe-inspiring, than the operating rooms themselves. Here one can view the complicated machinery and apparatus which are kept on hand for special orthopaedic operations; the special tables on which patients can be suspended with traction applied to the limb in order to reduce complicated fractures or to apply plaster casings while the limb is kept rigidly in the required position. There are two operating rooms, a large one where two operations can be conducted simultaneously and a small one for special types of cases. In the large operating room is the visitor's gallery and among the spectators seated here may generally be found well-known surgeons from other cities or foreign countries.

**Apparatus Developed in War** Leaving the operating room, we can visit the three male wards on this floor. Wards 4 and 5 are for the adult patients, while ward 7 is for the older boys on the orthopaedic service. These wards more or less resemble each other except for location and contain beds for from 16 to 18 patients. They are light and airy and privacy is provided for each patient by means

of easily adjusted curtains. Above some of the beds one will notice a curious overhead frame construction which supports pulleys from which cords run to apparatus upon patients' legs and are connected at the other end to weights. This is the traction and suspension apparatus which was developed and used so extensively during the World War and which still is exceedingly useful in treating patients with certain conditions. It also serves to make patients more comfortable as they gladly tell you.

**Photographs** On this floor also is the Photographic Room and **Before and After** here you will find the photographer at work. She is making the photographic records which show the patient's condition before and after operation. These photographs are fixed to the patient's chart and provide the best kind of comparison of the results of treatment and are of great value. When the patients are ambulatory, she makes the photograph in her studio, but when the patients are confined to bed she takes her camera to the ward and makes her pictures there. She will show you some of her work and you will see that the photography is beautifully done and that she also is an artist of talent.

**Drama in** We must stop and visit the Fever Treatment Room. **Fever Treatment** It has been discovered that in some conditions, particularly certain infections, fever may be curative instead of harmful. Certain bacteria cannot withstand a temperature to which the body can be heated with safety. The patient is wheeled in, in bed, and then covered by a cabinet-like structure which fits snugly over the bed, leaving the head exposed. An electrical current is turned on and the heating begins. The internal temperature of the body is carefully controlled by the doctor in charge and the temperature is raised to 104 or 105 degrees Fahrenheit and maintained at that level for a considerable period. The results of this treatment are often dramatic, although the conditions in which it may be employed are comparatively few.

**Wards Not** On the third floor are the women's wards. Ward 2 is for **Gloomy** the little girls and is full of interest and gaiety. You are surprised to note how lively and happy these little children are, even though having undergone operations only a few days previously and still confined to frames or in plaster casts which hold

the limbs in peculiar attitudes. Ward 1 is for the adult female patients and Ward 3 is for the older girls on the orthopaedic service.

**Many Types of Braces and Splints** In the various wards you have seen a good many splints, appliances and overhead frames and you will wonder where these are kept. We will now take you to the Splint Room on the third floor, main corridor, where you will see for yourself. The orderly in charge of this room makes it his special job to keep this apparatus in condition and to have it always available when required. He will show you the small traveling wagon, or splint carriage, which is pushed directly to the ward when traction or apparatus must be applied. It contains many trays and drawers, each loaded with its own special little screws, bolts, hooks, cords, or fasteners and all the many things that may be required whenever any type of apparatus is being applied. It saves useless steps and extra trips and makes for efficiency. You will be surprised at the quantity of different types of splints and braces and other appliances which must be kept on hand in an orthopaedic hospital in order to render complete service to the patient.

**Lecture Hall,** Next to the Splint Room is the Lecture Hall which **Drug Store and** will accommodate nearly 200 people. This is constantly in use for various staff conferences, teaching and scientific meetings. Across from the Hall is the **Isolation Unit** Apothecary Shop or Drug Store where all the drugs used in the wards are supplied. Further down the corridor is the new Isolation Unit which was only reconstructed last year. This contains three rooms and has complete separate facilities for nursing care so that patients who are confined here may be kept entirely separate and out of contact with the rest of the hospital. This ward is necessary in case of the outbreak of a case of measles or scarlet fever among the children and permits the surgical or orthopaedic treatment to be carried on simultaneously with the treatment of the contagious condition which is temporary. Fortunately, it need be used only rarely.

**Staff Quarters** The second floor is reserved entirely for the doctors' quarters on one end, and the remainder for the nurses' quarters. We hope some day to have a separate Nurses' Home in which case all this space can be made available for general hospital purposes.

**Administrative Offices** On the first, or main floor are, at the east end, the administrative offices for the Superintendent, Supervisor of Nurses and the accounting force. At the west end are the Record Room and the quarters of the X-ray Department. These were remodeled four years ago and are quite modern.

**Keeping Records Is a Big Task** The Record Room employs nine clerks under the supervision of the Record Librarian. This seems a large force for such a purpose but all work hard and have difficulty in keeping up with the demand for their services. Each patient has an individual record on which is noted his history, the records of all examinations, laboratory findings and complete notes of operation and of subsequent progress. Every time a patient comes in to the Out-Patient Department this record must be obtained, and the clerks must be on hand in the clinics to take the doctor's notes as he examines the patient, records progress and prescribes treatment. Index files are kept in the record room with cross references so that at any time groups of similar cases can be studied and the material can be used for research. The Record Room is really the control room of a hospital as far as the treatment of its patients is concerned and one can turn to the patient's record at any time and ascertain his present status. The records are constantly being studied by the doctors for purposes of investigation of disease and of the results of treatment. No efforts are spared to assure that they are accurate and complete.

**Impressive Record of X-ray Examinations** In a hospital devoted particularly to orthopaedic conditions, the X-ray Department is of particular importance. The number of x-ray examinations in proportion to the number of patients is higher than in any other hospital. The quarters of this department include a viewing room, a dark room, two rooms with separate x-ray units and tables, a special room for urological examination, dressing rooms, filing rooms, office, waiting rooms and the office of the Director of the department. The Director serves full time at the hospital and working under him are three technicians and two secretaries. The apparatus is of the latest type and every kind of examination can be made. The work of this department has increased tremendously in the last five years, which is shown in the following figures:



In 1933 the number of patients who were examined roentgenologically was 5,191, while in 1938 it was 8,595, an increase of 65 per cent. The number of radiograms made in 1938 was 26,785, compared with 16,089 in five years earlier. Not only this but many new and time-consuming types of examination are made.

**Extensive Out-Patient Department** We can now visit the Dispensary Clinic. This is held every afternoon from one to three o'clock. Actually, the work of the clinic continues much later than this but no new patients are admitted after this hour.

The Out-Patient Clinic is divided into the two chief clinics—the orthopaedic and the surgical. All patients admitted must fall within the scope of either of these two departments, but many other clinics are held. These, however, are consultative or referral clinics and exist for the purpose of rendering complete care to our surgical and orthopaedic patients.

In the Orthopaedic Department, special clinics are conducted for patients with cerebral-spastic paralysis, scoliosis, club foot and back pain. Under the General Surgical Service special clinics are conducted for patients with vascular diseases, diseases of the thyroid and bone tumors. The Medical Department conducts two pediatric clinics each week and an adult medical clinic.

In addition, there is a highly developed Arthritis Clinic which is organized with its own consultative services and meets twice a week. There is also an Obesity Clinic which has proved so popular that it has had to increase its sessions to three a week. We also have consultative clinics in urology, gynecology, proctology, and eye, ear, nose and throat.

**Nearly 80,000 Clinic Visits in Year** A total of 79,944 visits were made to the Out-Patient Department during 1938, which will give some idea of the amount of service rendered. The Department of Physical Therapy renders invaluable service to out-patients as is shown by the fact that it gave 42,056 treatments during the year.

**Score of Doctors in Clinic** A visit to the Out-Patient Department during clinic session is instructive. One finds the waiting room filled with patients. The registration and admission force, working at a big desk, speedily obtain their records from the Record Room and send the patient, together with his record, to the proper department. There are generally from 12 to 15 doctors working in the Orthopaedic Department each afternoon and from five to eight in the Surgical Department. These, together with the doctors who are conducting special clinics raise the total of medical men in attendance to between 20 and 30. In this way the case load of each doctor is not excessive and individual attention can be given the patients.

Each patient is examined privately in a cubicle by the doctor who first obtains the history of the illness and then makes a thorough medical examination. He dictates complete notes of his findings to a secretary who will later type them on the patient's record. The doctor's job with a new patient is to work up the case completely; that is, to order necessary x-rays, laboratory tests and consultations by other specialists as indicated. When all the facts are assembled he reviews the case and orders treatment. If the problem is unusual or an operation is considered necessary he calls the Chief of Clinic to consult with him and advise the patient. When an operation has been advised or hospital admission is required, the patient is referred to the Admission Desk where he is interviewed and the necessary financial adjustments arranged. If the patient is unable to pay the cost of hospitalization, he is referred to the Social Service Department which will assist in making arrangements for free care or part-free care.

**Social Service Visits To Homes** The Social Service Department aims to make a home visit on every patient admitted to the hospital, irrespective of his capacity to pay. The purpose is to survey home conditions in order that final arrangements for the patient's care after leaving the hospital can be made with full knowledge of the social and economic background. The Social Service Department is also in contact with many other patients in the Out-Patient Department who are not admitted to the hospital, and renders invaluable service in solving difficult situations and arranging for better care of the patient.

**Emergency Room Open Day and Night** One should also visit the Emergency Room which is open day and night for the treatment of patients with urgent conditions. Many of the cases treated are minor in nature but many cases of fracture, severe lacerations and complicated injuries are received.

**Physiotherapy Department** The Department of Physiotherapy utilizes a large amount of hospital space on the first floor. Here is the room for photo-therapy, or ultra-violet radiation. Next are two large rooms filled with rows of cubicles so that approximately 15 patients can be treated simultaneously. In these rooms are given treatments by massage, baking or diathermy, muscle re-education and electro-therapy of various types. There is also a separate room for hydro-therapy.

**Therapeutic Pool** In the basement is one of the most interesting sub-departments of physical therapy—the therapeutic pool. In spite of its humble location in the basement, the pool is a place of gaiety and serious work. It is spacious, and five or six patients can be treated at the same time. The water is clear, sterilized and heated nearly to body temperature. The walls of the pool extend above the floor and the level of the water is about waist high as one stands on the floor. This is so that the trucks upon which the patients are brought to the pool may be at the level of the water in order that a minimum of effort is required for the patient to enter the pool.

**Pool Treatment of Great Value** Two trained technicians are working in the pool constantly while a third is working in the room outside of the pool. The strain of working in the pool is so great that no technician is allowed to work there for more than two hours a day and the personnel in this department is constantly shifting at the end of definite times. Here may be seen the patient recovering from infantile paralysis and many post-operative cases in whom mobilization of stiffened joints is required. They sit or lie in the water with the weak limbs supported by the buoyancy of the water and the technician makes the patient concentrate upon performing certain movements or assists in making these movements. The combination of heat and buoyancy makes it possible for the patient to perform many motions which he could not do outside the water. Best of all, the patients like it and

will relax and cooperate in the treatment in a way that would not be possible if the pool did not exist. It has proved of great value to our patients.

**Varied Utilities** There are many other places of interest in the hospital basement such as the fine, recently remodeled kitchen, the carpenter's shop, the paint shop, the laundry where 5,000 pieces of linen are laundered on the average each day, the power plant, where all of the electricity and heat used in the hospital are manufactured, but we are on a tour intended chiefly to show the professional activities of the hospital and so we must go on down to the end of the corridor where we hear the noise of hammering on metal and the sound of machinery.

**Brace and Appliance Shop** We have arrived at the Brace and Appliance Shop. This is a large department employing 16 persons. There is first the leather room where we see plaster models of patients' arms, legs, necks and torsos being covered with leather and ingenious appliances being made. This is presided over by

*Shop Where Braces and Other Appliances Are Made*





Charlie Zettler, genial Charlie, who has been here more years than anyone knows, constantly trying to make patients comfortable in braces. There is no type of appliance that he cannot make. Across the hall is the sewing room, where the women work making belts and corsets.

**Blacksmith Shop** Across the hall is the large machine shop from  
**Shoes People** which come all the sounds of metal work. Over in the corner is the blacksmith hammering white, hot metal into shapes which are evidently meant to fit human limbs. There are the lathes which make the machine part of the appliances and here are the benches where the parts are assembled and put together. In a small room on the side are the polishing machines where the braces are smoothed down and given their final finish. This department exists for the benefit of our patients. The total direct expense of the department was, for 1938, \$30,626.92. The deficit between expense and income was approximately \$4,000.

**Teaching and Research** We have now completed our tour of the hospital and gained a fair idea of its manifold activities. But we should also say a few words about its two functions which are not directly related to the treatment of patients. These are teaching and research.

**Undergraduate Teaching** The hospital is primarily a teaching institution and many different kinds of courses are given. Undergraduate teaching is given one afternoon each week for a group of fourth year students from the medical school of Columbia University. There is also a course for physiotherapy technicians with lectures, demonstrations and practical work covering eight hours each day in the week for nine months of the year. This is one of the 14 institutions in the United States which offers a course that is fully approved by the Council of Physiotherapy of the American Medical Association, and it is the only approved course given in New York City. In addition, two courses are given each year in conjunction with Teachers College of Columbia University, entitled A Survey of Orthopaedic Conditions. These courses are given for physiotherapists, nurses and teachers of crippled children and count for points toward degrees in Teachers College.

**Post-Graduate Training** One of the primary objectives of the hospital is to give post-graduate medical instruction to doctors that will enable them to become fully qualified Orthopaedic Surgeons. This instruction is given through appointment to the orthopaedic residencies. There are eight of these appointments, two being made each six months. The term of service is two years. Only those doctors are eligible for appointment who have had two years of preliminary surgical and medical training after graduation from a medical school. During their time of service the residents are given constant instruction in the diagnosis of orthopaedic conditions and their treatment. They work in the Out-Patient Department, in the hospital wards, and in the operating room. In addition they are required to spend a certain time in the Pathological Laboratories and in the X-ray Department. At the conclusion of the period of their two year residency, they are eligible for appointment to residencies in other hospitals or may be given research Fellowships in our own hospital. In the latter case they undertake a problem of scientific research in addition to their clinical duties and are enrolled in the Post-graduate Medical School of Columbia University as applicants for the degree of Doctor of Medical Science. This degree is in all respects similar to the degree of Doctor of Philosophy, and is only given after the candidate has submitted a thesis embodying the results of an original study or research and after a searching examination.

**Graduates in Responsible Positions** This is a very difficult degree to obtain but it has been awarded to five of our graduates in the last four years. Clinical and pathological conferences, presentations of papers representing surveys of medical literature, anatomical and pathological studies, and research are all a part of this orthopaedic course. Our graduates have gone off to all parts of the country and have become prominent professional leaders in their communities, and many have made nation-wide reputations.

Teaching is also done by the General Surgical Service and there are four surgical residents, each serving for a period of one year. Likewise a preliminary requisite for appointment is two years of a general or surgical internship following graduation from the medical school. These doctors obtain valuable experience in the treatment of special

surgical conditions, such as hernia, bone tumor, hare lip and cleft palate and operations of plastic surgery. They are instructed by the method of actual work with patients, demonstrations given by the attending staff, and are required to read and study medical literature.

**All of Staff Work on Scientific Problems** Research is also an important activity of the hospital and practically every member of the orthopaedic and surgical staff is engaged in the study of some clinical or scientific problem, the results of which will be embodied in a contribution to medical literature.

Research takes many forms; it may be of a purely scientific nature related to biochemistry or pathology, or it may take the form of experimental surgery in which an effort is made to produce certain conditions or obtain certain results in small animals such as rabbits, guinea pigs and rats. All such experiments are carried out under the most humane conditions. No operation is ever performed without a general anaesthetic and the care given the animals during and after the operation is of a kind calculated to reduce the animal's suffering to a minimum. Such experiments can only be carried out after receiving the approval of the Surgeon-in-Chief or the Director of the Laboratory.

**End Results Evaluated** Research may also take the form of clinical investigation. This involves the study of groups of patients who have been treated for similar conditions by identical or different procedures. The records of these patients will be carefully grouped and classified and an effort made to study the end results by inviting the patient to return for re-examination. Such studies may go back over a long period of years and patients may be re-examined who were operated upon as long as ten years previously.

**Staff Publications** The 1938 annual report gives a list of articles written by the members of the staff and published in orthopaedic, surgical, medical and pediatric journals of the country during the last five years. The total number of such contributions was 187. The institution is now widely known for contributions in its field. At present research activities in the Orthopaedic Department are centering about the following subjects: "The Physiological Cause and Methods of Correction of Inequality of Leg Length," "Tumors Arising in Joints," "The Cause and Correction of Curvature of the Spine,"

"The Treatment of Congenital Dislocation of the Hip," "The Diagnosis of the Causes and the Treatment of Back Pain," and "The Development of Better Methods of Treatment for Cases of Cerebral-Spinal Birth Injury." In the Surgical Department, studies are chiefly being made on improving the methods of treatment of hernia, developing better methods for the treatment of bone tumors, also technical improvement in the treatment of cleft palate and the development of plastic surgery. Two full-time research Fellows are working on the orthopaedic service and one Visiting Fellow.

*Exercising in the Therapeutic Pool*





# The Hospital of Tomorrow

The Ruptured and Crippled Hospital of tomorrow will be built upon the foundation of the hospital of today and of yesterday.

**Great Changes in 75 Years** As we look backward, we can see that great changes have occurred since the hospital's beginning. Originally, it was a kind of nursing home where an effort was made to help the cripple by means of better hygiene, good food, good nursing and mechanical aids. Then came the era of surgical pioneering in which operative treatment emerged from the shadow in which it had lurked when it was only a gamble with the odds against the patient, and grew to its present gigantic stature where it is one of the most positive and definitely beneficial forms of treatment in the entire medical armamentarium. Then followed the period of better organization, the development of accessory diagnostic aids and the need for more careful and thorough scientific study of disease. The emphasis was less upon diagnostic skill and experience but more upon teamwork and cooperation from the laboratory and the X-ray Department.

Today we stand in the period of the development of teaching and of research and from this background we look forward to tomorrow.

**Reconstructive Surgery** The hospital has made its reputation on the solid foundation of its accomplishment in reconstructive surgery. It is along these lines that it will continue to develop. Emphasis will continue to be placed upon orthopaedic surgery and the relief of crippling conditions.

At the present time infantile paralysis accounts for about 29% of the crippling conditions. About 18% are due to congenital deformities, 16% to birth injury, and 13% to infections. While it is likely that further research will at some time disclose a means of checking the ravages of infantile paralysis, we can be sure that for a long time to come the present demand for treatment of the residual deformities of this disease will continue.

The possibility of preventing congenital deformities or of lowering their incidence is extremely remote. Better prenatal and obstetrical

care will, in the course of time, perhaps, reduce the incidence of the pathetic cases of injury to the central nervous system received at birth but, again, we can look forward to a continued demand for treatment of these cases.

While much may be expected from the introduction of the miracle drug Sulphanilamid in the treatment of infections and undoubtedly there will be greater improvement in the drug therapy of these conditions, we can still count for years to come upon having to treat a multitude of sufferers with pyogenic infection of the bone.

There has occurred a marked improvement, or decline, in the incidence of tuberculosis. The wards of this hospital at one time were filled with patients suffering from tuberculous infections of the joints in a very advanced stage and now these conditions are seen much more rarely. A further improvement should still take place, but a patient with tuberculous joint disease requires treatment for a period of years and we are still likely to have to deal with patients with this condition for some time to come.

The incidence of rickets with resulting bow leg and knock knee deformities has been so greatly reduced by the influence of better diet, better medical care and improved hygiene as to be almost eliminated.

**Accident and Injury Cases Increase** On the other hand, the incidence of accident and injury has increased enormously. The crippling results of these conditions has more than offset the decline in the number of patients with rickets or with tuberculous joints.

Of the other causes of crippling conditions, many are of obscure or uncertain origin which are not likely to come within the effect of preventive medicine. The incidence of hernia and of conditions requiring the services of plastic surgeons in all probability will not decrease. As the technique of plastic surgery is developed and improved many new conditions will come within its scope which could not have been treated formerly. As we make a survey of the field of reconstructive surgery it is evident that the demand will continue in the future as in the past. In all probability, the peak of the development of orthopaedic and reconstructive surgery has not yet been reached and in future years there is every likelihood that many new conditions will be treated for which we have no remedy today.

**Further Pioneering and Development** We look forward, therefore, in the future to continued development of the hospital along its present lines. It must continue to pioneer, to improve upon old methods of treatment and to discover new methods. It must keep abreast of all modern developments; teaching and research must continue to be emphasized; it must avoid the danger of being isolated too much in its own specialty. It must therefore continue to expand and develop its consultative services so that its patients may receive the benefits of complete medical supervision and care and not be regarded entirely from the surgical viewpoint. We must continue to attract to the hospital the best consultants and we must be able to afford them work and opportunity of a type to hold their loyalty. The hospital plant must be modernized and needed improvements realized.

**Branch Hospital** The greatest present need is for a country branch hospital. This need has been emphasized by every Chief Surgeon, beginning with Dr. Knight at least 70 years ago. Many of our patients require long-term treatment and cannot be sent to their homes until this is completed without danger that the gain already made will be lost. This is true of patients with tuberculous joints and many with infantile paralysis, congenital deformities and infectious conditions. On the other hand, when the stage of active treatment is finished, or after operation, there is no longer any need of the costly care that a prolonged stay in the hospital represents. Children do better when in the environment of the country and if they can be moved, beds would be released for the treatment of other patients.

This country hospital should be constructed on ample grounds and near enough so that it can be reached within an hour of travel. This hospital would be staffed by the same doctors as take care of the patients in the city so that the treatment would be continuous. Many of these children would be in plaster or recumbent, or up and about with appliances. They would benefit by pure, fresh air and sunshine and the environment of growing plants and trees. Terraces should be provided so that the beds could be outdoors during the daytime. No operations would be performed in the branch institution,



*In a Sunny, Cheerful Children's Ward*

but patients would be treated by rest and physiotherapy and at the same time children would be pursuing their school studies. When more active treatment was required they would be transported back to the hospital in the city. In the country hospital facilities should be provided for manual work such as woodwork, printing, cooking, and sewing and similar tasks which would arouse the children's interest and stimulate them to find their own bent and give them a sense of responsibility.

**Nurses' Home Is Needed** We badly need a nurses' home. At present our nurses are lodged in the second floor of the hospital, but these quarters are insufficient and many are boarded out in the neighborhood. We have a nurses' home on 43rd Street but this is small and provides very limited quarters. We have land at the



corner of Second Avenue and 43rd Street which would offer a splendid building site for this purpose. We should have a building eight or ten stories high providing comfortable quarters for our nurses, with sitting room and provision for recreation. We could use the first floor as an entrance for the Out-Patient Department and we might use the second and third floors to provide offices for the doctors of our staff. They are used to working together in the hospital and if they could have offices together close to the hospital this would be of great advantage to their private patients. It would also offer a great saving of time to the doctors because all of their work, both public and private, would be conducted in the same locality.

**Would Release Space for Out-Patients** The evacuation of the quarters on the second floor of the hospital now occupied by the nurses and doctors, which would be made possible by the construction of the proposed nurses' home, would give us much needed space for the rearrangement and remodeling of the Out-Patient Department. We want to give our hospital patients the same type of service that we give our private patients. At present, because of limitations of space, it is necessary to divide the patients, some going to the Women's Room, some to the Men's Room, some to the Children's Quarters.

If we could rearrange our Out-Patient Department, we would have a number of office suites, each suite consisting of a doctor's office and a number of examining rooms. Upon admission to the Out-Patient Department, each patient would be assigned to a certain doctor, and upon revisiting the Out-Patient Department would always be seen by the same doctor. Each doctor would then treat men, women and children as they were assigned to his unit and the present segregation would be removed. This would be a much better arrangement because the case distribution between the various doctors would be made uniform and it would reduce crowding which now exists in certain departments when, for example, the distribution of patients between the various clinics varies widely from day to day but the number of doctors assigned to each clinic remains the same. Under this proposed rearrangement, an appointment system could be used and the patients would be seen promptly without waiting.

**Physical Therapy Requirements** At the present time, the Department of Physiotherapy is working under a handicap because its departments are scattered all over the hospital. With the evacuation of the second floor of the hospital, now used for living quarters, this space could be turned over to the Department of Physical Therapy and all of its departments could be brought together and coordinated.

**For a New Operating Suite** A further needed improvement is a new operating room suite. The present hospital was constructed 28 years ago and during that time a great expansion of surgery has taken place. At present we have two operating room suites, one on the fourth floor and one on the sixth floor. This is an uneconomical arrangement and there is no longer any need for keeping the operating room for private patients separate from the main hospital operating room. The little girls' ward, Ward 2, should be moved upstairs to the sixth floor and established in the place of the present private operating room suite. The space formerly occupied by this ward would then be used as a male ward, the patients being transferred downstairs from Ward 5 on the fourth floor. The space occupied by Ward 5 could be thrown into the main operating room and connected up in such a way that we should have a series of four operating rooms and a plaster room, and a suite of work rooms, sterilizing room, doctors' and nurses' dressing rooms, in short, a large, modern operating suite commensurate with present needs.

These are all of the plant changes and additions that can now be contemplated. They would give us a modern hospital well designed for present and future needs.

**More Research Facilities** But we should not confine our attention to matters of brick and mortar. We should also provide for research and investigation. It goes without saying that we shall always need larger principal funds for the general support of the hospital and for more endowed beds. We need more special funds for research and the endowment of Fellowships. We would also like to build up an appliance or brace fund so that we can supply free braces, orthopaedic shoes and other apparatus to those in need. We also need a fund for the endowment of an arthritis research ward. This disease

seems to be on the increase and, while much progress has been made in combating it, it remains a subject for intensified research. We should have a ward endowed for the treatment of patients with this condition, holding perhaps 20 beds. We should have in charge a full-time physician trained in methods of investigation. He should be able to admit to this ward at any time cases which are suitable for intensified study, without regard to whether or not they could pay for their own hospitalization.

**Hospital of the Future** The hospital of the future will, we hope, embody all these improvements and changes. It will be a place to which patients with every kind of crippling condition will turn knowing that if they can find help it will be found at our hospital.

The objective of the Hospital of Tomorrow is nowhere better stated than in the Children's Charter of the White House Conference on Child Health and Protection: "For every child who is . . . crippled or otherwise physically handicapped . . . such measures as will early discover and diagnose his handicap, provide care and treatment, and so train him that he may become an asset to society rather than a liability."

Today, as 75 years ago, the words of Robert M. Hartley, first Secretary of The New York Society for the Relief of the Ruptured and Crippled, can be repeated with equal significance:

"If the relief of individual suffering, the removal of physical disability, and the preservation of human life are among the strongest proofs of the value and efficiency of agencies and efforts for the temporal welfare of mankind, then this society is entitled to the earnest cooperation and liberal support of the wisest and best in the community."

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\* Deceased.

## ADMINISTRATIVE STAFF

### *Superintendent and Registrar*

Edward A. B. Willmer

### *Director of Nurses and Assistant to Superintendent*

Ethel B. Ridley

### *Secretary and Assistant to Superintendent*

Marie A. Rieper

### *Assistants to Director of Nurses*

|                        |                 |
|------------------------|-----------------|
| Cleanthe E. Logotheton | E. Louise Barry |
|------------------------|-----------------|

### *Night Supervisor*

Isabel Buckell

### *Pharmacist*

Gemma M. Folcarelli

### *Accountants and Auditors*

Reeve, Brown and Atkins

### *Chief Engineer*

Turner J. Oakley

### *Dietitian*

Anna Schermerhorn

### *Purchasing Agent*

Beatrice A. McEwan

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Miss Mary A. Rasché

## SOCIAL SERVICE DEPARTMENT

### *Director*

Mrs. Glee Hastings Dervend

### *Members of Staff*

Miss Lydia Drought  
Miss Marcia Tinker  
Miss Mary Virginia Book

Miss Patricia Pomeroy  
Miss Margaret M. Ryan  
Mrs. Elfriede Ascher

## WOMEN'S AUXILIARY

### Officers

|                                      |  |
|--------------------------------------|--|
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| Mrs. Morgan Wing . . . . .           | <i>Treasurer</i>                           |
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| Miss I. Gertrude Ogden . . . . .     | <i>Chairman Library Committee</i>          |
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## SOCIAL SERVICE COMMITTEE

|                                |                              |
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| Mrs. Albert B. Ashforth        | Mrs. Hendrik R. Jolles       |
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*Cover Design by Olive Fischer*

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